FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

604571

(0)

DRS. KAYE AND FIELDS, P.A.

Principal Place	of Business	Mai	ling Address	· ·			_			
Principal Place of Business M 6100 HOLLYWOOD BLVD STE 108 HOLLYWOOD FL 33024-7900 US			6100 HOLLYWOOD BLVD. 108 HOLLYWOOD FL 33024-7900 US							
							3. Date Incorporated or Qualified 08/02/1973	3a. Date of La 01/2	5/1995	
2. Principal Pla	Principal Place of Business 2a 26			Mailing Address			4. FEI Number 59-1484723	59-1484723 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi			
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032,			
Zφ	Country	_	Zip	30	ountry			intangible tax und No	der s 199.032,	
24	25 29 9. Name and Address of Current Registered Agent			30	Т		10. Name and Address of New Registered Agent			
	9. Name and Address of Cui	tetit veðisi	eled Agent		81	Name				
FIELDS, ALLAN N.					82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
6100 HOLLYWOOD BLVD. SUITE 108 HOLLYWOOD FL 33024					83					
						City	FL			
	to the provisions of Sections 607.0 red agent, or both, in the State of lith, and accept the obligations of, \$ grature, typed or printed name of registered	Section 607.	0505, Florida Statute	S.	0 00.4	SOLUTION C COC	ration submits this statement for the purch of directors. I hereby accept the applications and the rentating in the statement of the statement	DATE		
12.		AND DIREC		1:	3.		ADDITIONS/CHANGES TO OF			
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NAME	FIELDS, ALLAN N				2 NAME					
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NAME	BERGMANN, DEIDRA A		**		2 NAME					
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:X

FICER OR DIRECTOR

(954)**9**63-2525

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